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Docket No.: A8319.0027/P027  
(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:  
Yuuichirou Ueno et al.

Application No.: 10/688,977

Confirmation No.: 4184

Filed: October 21, 2003

Art Unit: 2882

For: RADIOLOGICAL IMAGING APPARATUS

Examiner: J. Yun

**AMENDMENT IN RESPONSE TO NON-FINAL OFFICE ACTION**

MS Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

**INTRODUCTORY COMMENTS**

In response to the Office Action dated February 9, 2005, please amend the above-identified U.S. patent application as follows:

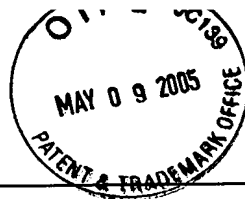
**Amendments to the Claims** are shown in the listing, which begins on page 2 of this paper.

**Remarks** begin on page 14 of this paper.

05/10/2005 SZEWDIE1 00000102 10668977

01 FC:1201  
02 FC:1202

600.00 OP  
200.00 OP



<b>AMENDMENT TRANSMITTAL LETTER</b>				Docket No. A8319.0027/P027	
Application No. 10/688,977	Filing Date October 21, 2003	Examiner J. Yun	Art Unit 2882		
Applicant(s): Yuuichirou Ueno					
Invention: RADIOLOGICAL IMAGING APPARATUS					
<b>TO THE COMMISSIONER FOR PATENTS</b>					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	29	- 25 =	4	x 50.00	200.00
Independent Claims	7	- 4 =	3	x 200.00	600.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify):					
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>					<b>800.00</b>
<input checked="" type="checkbox"/> Large Entity <span style="margin-left: 200px;"><input type="checkbox"/> Small Entity</span>					
<input type="checkbox"/> No additional fee is required for this amendment.					
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed.					
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.					
<input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>04-1073</u> as described below. A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
 Mark J. Thronson Attorney Reg. No.: 33,082				Dated: <u>May 9, 2005</u>	
DICKSTEIN SHAPIRO MORIN & OSHINSKY LLP 2101 L Street NW Washington, DC 20037-1526 (202) 775-4742					